

**ST. FRANCIS DE SALES SCHOOL
2018/2019
AFTER SCHOOL PROGRAM
REGISTRATION**

***PLEASE PRINT CLEARLY AND RETURN THIS FORM WITH A
\$25 PER CHILD/\$50 PER FAMILY
REGISTRATION FEE***

Please register the following children for the 2018/2019 after school program:

Name _____ Grade 18/19 _____

Name _____ Grade 18/19 _____

Name _____ Grade 18/19 _____

Mother's Name _____ Father's Name _____

Home Address _____

Home Phone # _____

Email _____

Mother's Work # _____ Mother's Cell # _____

Father's Work # _____ Father's Cell # _____

Persons Authorized (other than parents) to pick up child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Contact (other than parents) from 2:30pm – 5:30 p.m.:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Are there any medical problems (e.g., allergies) we should be aware of?

Doctor's Name _____ Phone _____

PLEASE CHECK ONE:

____ My child(ren) will be attending the after school program each week on the following days:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday

____ My child(ren) will attend the after school program _____ days per week but I cannot specify which days

____ My child(ren) will attend the program occasionally but not on a regular basis.

Parent Signature _____ Date _____